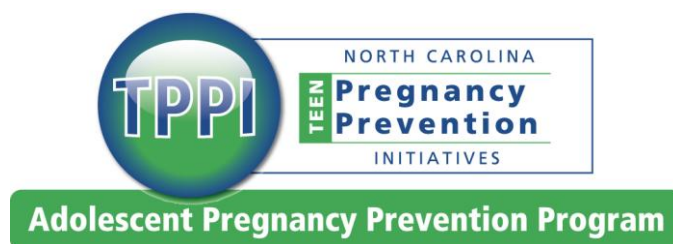


REQUEST FOR APPLICATIONS



RFA # A264

Funding Agency	North Carolina Department of Health and Human Services Division of Public Health Women's and Children's Health Section Women's Health Branch Family Planning and Reproductive Health Unit
Issue Date	August 29, 2012 (targeted counties) October 1, 2012 (non-targeted counties)

Applications will be received until 5:00 p.m. on November 27, 2012.

Applications may be delivered to either the mailing address or the street/hand delivery address:

Mailing Address:

Teen Pregnancy Prevention Initiatives
NCDHHS – Division of Public Health
1929 Mail Service Center
Raleigh, NC 27699-1929

Delivery Address (i.e., Fed EX, UPS, DHL):

Teen Pregnancy Prevention Initiatives
NCDHHS – Division of Public Health
5601 Six Forks Road
Raleigh, NC 27609

Inquiries

Inquires about this RFA are encouraged, and may be directed to the following Teen Pregnancy Prevention Initiatives staff at SVC_DHHS.tppei-rfa@dhhs.nc.gov or (919)707-5700.

- Sydney Atkinson, Family Planning & Reproductive Health Unit Supervisor
- Cynthia Seale-Rivera, Program Consultant
- Valerie Sims, Program Consultant
- Audrey Loper, Evaluation Consultant

More information about the Teen Pregnancy Prevention Initiatives can be found at www.teenpregnancy.ncdhhs.gov

Introduction

The Adolescent Pregnancy Prevention Program (APPP) is a primary prevention program (i.e., prevention of first pregnancies) that provides four-year annually renewable grant awards for projects aimed at preventing adolescent pregnancies. APPP is administered by Teen Pregnancy Prevention Initiatives (TPPI) of the North Carolina Department of Health and Human Services, Division of Public Health, Women's and Children's Health Section, Women's Health Branch, Family Planning and Reproductive Health Unit.

Up to five public or private non-profit agencies (e.g., schools, local health departments, non-profit community-based organizations) will receive funding to reduce pregnancies among adolescents in communities throughout the state of North Carolina.

Applications are desired from counties ranking in the top quartile (i.e., the top 25) for pregnancy rates among females aged 15 to 19 based on a five year average between 2006-2010 (referred to as "targeted counties"). The targeted counties are as follows: Vance, Richmond, Robeson, Onslow, Lee, Scotland, Edgecombe, Hertford, Halifax, Montgomery, Bertie, Lenoir, Craven, Wilson, Duplin, Northampton, Anson, Hoke, Wayne, Cumberland, Columbus, Sampson, Martin, Beaufort and Washington. In accordance with the TPPI Legislative Rules (see Appendix C), interested agencies in these counties shall receive the request for applications (RFA) 30 days prior to agencies in other counties and be eligible for additional consultation during this period of time. Applicants in these counties shall also receive a demonstrated need score as described below.

Applications aiming to reduce pregnancies among Latino adolescents are strongly encouraged.

Background

The General Assembly of North Carolina requires the North Carolina Department of Health and Human Services to establish and administer programs to prevent teen pregnancy through Teen Pregnancy Prevention Initiatives (see the TPPI Legislative Rules in Appendix C).

Scope of Services

Only primary adolescent pregnancy prevention strategies will be accepted. Agencies interested in secondary prevention (i.e., preventing repeat teen pregnancies) may apply for an Adolescent Parenting Program grant.

Applicants must utilize a program model that has been shown to be effective at delaying sexual initiation, improving contraceptive use, and/or reducing adolescent pregnancy. In addition, applicants are mandated to provide comprehensive sexuality education including complete and medically accurate information about contraceptive methods including abstinence to all participants. Resources for choosing a program model are included in this RFA. Applicants may consider enhancing the chosen program model by adding any of the following components: academic assistance, parent involvement, service learning, career awareness, job skills development, individual counseling, and cultural enrichment.

Grant awards may range from \$50,000 to \$75,000 annually. Grantees are required to supplement the grant award by providing local matching funds that range from \$10,000 to \$25,000 annually depending upon the amount of the award. See the TPPI Legislative Rules in Appendix C for more information about funding levels. Local matching funds may be accounted for in either cash or in-kind services. Contracts are awarded annually for a maximum of four years contingent upon contract compliance, project performance, and availability of funding. The initial contract will begin between June 1, 2013-October 1, 2013.

Who May Apply

Public or private non-profit agencies interested in reducing teen pregnancy in North Carolina are eligible to apply. For-profit agencies need not apply. Potential applicants should consider whether their agency has the capacity to administer the state grant funds if awarded. Recipients of state funds are expected to have established in writing certain general agency policies including personnel and financial accounting policies. Applicants that have not previously received or successfully administered state funds should consult a TPPI staff member to determine if their agency has the internal policies and procedures in place to administer a state grant at this time. Funds to grantees will be dispersed on a cost reimbursement basis only and agencies should carefully consider if they have the capacity to implement the program under this system.

Demonstrated Need Score

Applications from counties ranking in the top quartile (i.e., the top 25) for pregnancy rates among females aged 15 to 19 based on a five year average between 2006-2010 (referred to as “targeted counties”) shall receive a demonstrated need score as indicated on the table below.* Points are awarded for both rank and absence of an APPP in the county. The demonstrated need score shall be added to the application score established by an objective review committee.

Rank	County	5-yr Rate	Rank Points	Existing APPP	Points if No APPP	Total Points
1	Vance	101.1	5	Yes	0	5
2	Richmond	99	5	Yes	0	5
3	Robeson	94	5	Yes	0	5
4	Onslow	92.4	5	No	5	10
5	Lee	89.1	5	Yes	0	5
6	Scotland	86.8	4	No	4	8
7	Edgecombe	84.5	4	Yes	0	4
8	Hertford	84.1	4	No	4	8
9	Halifax	82.2	4	No	4	8
10	Montgomery	81.3	4	Yes	0	4
11	Bertie	81.1	3	No	3	6
12	Lenoir	80.8	3	No	3	6
13	Craven	80.2	3	No	3	6
14	Wilson	79.7	3	No	0	3
14	Duplin	79.6	3	No	3	6
16	Northampton	78.5	2	No	2	4
17	Anson	77.4	2	No	2	4
18	Hoke	77.4	2	No	2	4
19	Wayne	76.7	2	No	2	4
20	Cumberland	76.5	2	Yes	0	2
21	Columbus	76.4	1	Yes	0	1
22	Sampson	76	1	Yes	0	1
23	Martin	75.8	1	No	1	2
24	Beaufort	75.4	1	No	0	1
25	Washington	75.3	1	No	1	2

Performance Score (Re-Application by Current or Former Grantees)

Agencies that have received TPPI funding within the past five years shall receive a performance rating based on their previous program performance and compliance during the last four years that they received funding. The TPPI staff will evaluate performance and compliance by reviewing site visit reports, database reports, expenditure reports, program evaluation data, report submission logs, and other documentation.

The performance rating shall range from negative ten (- 10) points to positive ten (+ 10) points, which shall be added to the application score established by an objective review committee. Grantees that have consistently remained in compliance with all of the objectives and mandates of their contract are likely to gain points. Conversely, agencies that have experienced significant and persistent challenges in meeting any of the objectives or mandates of their contract are likely to lose points.

* Although Tyrrell and Graham County’s 5-year teen pregnancy rates fall into the top quartile, these rates are based on fewer than 20 occurrences per year. The State Center for Health Statistics considers these rates unstable; as a result these counties have been omitted from the top quartile.

GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection

All qualified applications will be evaluated and award made to that agency whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by January 31, 2013.

2. Notice of Decline to Offer

Any agency that receives a copy of the RFA but declines to make an offer is requested to register its decline to offer at the following link: <http://www.zoomerang.com/Survey/WEB22FUJNCWUF4> no later than 5:00 p.m. on October 29, 2012. Confirmation of receipt will be provided in response.

3. Cost of Application Preparation

Any cost incurred by an agency in preparing or submitting an application is the agency's or agency's sole responsibility; the funding agency will not reimburse any agency for any pre-award costs incurred.

4. Elaborate Applications

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

5. Oral Explanations

The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

6. Reference to Other Data

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

7. Titles

Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

8. Form of Application

Applications must be submitted using the forms provided by the funding agency. Both the *Application Form* and *Budget and Justification Form* will be sent to interested agencies along with this RFA, and they can be downloaded on October 1, 2012 from the TPPI website at www.teenpregnancy.ncdhhs.gov/funding.htm.

9. Original Application

The original application must contain any original documents, and all signatures in the original application must be original. Mechanical, copied, or stamped signatures are not acceptable. The original application should be clearly marked "original" on the application face sheet.

10. Copies of Application

Along with the original application, submit three photocopies of the application in its entirety. Copies of the application should be clearly marked "copy" on the application face sheet.

11. Format

The application must be typed, single-side on 8.5" x 11" paper with margins of 1". Line spacing should be single-spaced. The font type should be easy to read and no smaller than 11-point font.

12. Space Allowance

Page limits are clearly marked in each section of the application. One point will be deducted from the score of each section in which the page limit is exceeded.

13. Disbursement of Funds

Funds to grantees will be dispersed on a cost reimbursement basis only. The grant recipient will be required to submit monthly invoices of expenses and supporting documentation within 10 days from the end of the month for which it is being submitted.

14. Level of Funding and Local Matching Funds

Grant awards may range from \$50,000 to \$75,000 annually. Grantees are required to supplement the grant award by providing local matching funds that range from \$10,000 to \$25,000 annually depending upon the amount of the award. See the TPPI Legislative Rules in Appendix C for more information about funding levels. Local matching funds may be accounted for in either cash or in-kind services.

15. Compliance

Funding is contingent upon compliance with the TPPI legislative rules and with all procedures and regulations prescribed by the State of North Carolina. Compliance is monitored by TPPI staff through annual site visits, monthly progress reports, and monthly expenditure reports.

16. Exceptions

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency may be grounds for rejection of that agency's or agency's application. Grantees and agencies specifically agree to the conditions set forth in the Performance Agreement (contract).

17. Advertising

In submitting an application, an agency agrees not to use the results there from or as part of any news release or commercial advertising without prior written approval of the funding agency.

18. Right to Submitted Material

All responses, inquiries or correspondence relating to or in reference to the RFA and all other reports, charts, displays, schedules, exhibits and other documentation submitted by the agency will become the property of the funding agency when received.

19. Competitive Offer

Pursuant to the provision of G.S. 143-54 and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

20. Agency's or Agency's Representative

Each agency shall submit with its application the name, address and telephone number of the person(s) with authority to bind the agency and answer questions or provide clarification concerning the application.

21. Subcontracting

Applicants may propose to subcontract the direct program services to another agency provided that the subcontracting relationship will enable the applicant to provide substantial additional resources and support to the subcontracted agency. Applicants that wish to subcontract direct program services to another agency must consult TPPI staff about the specific circumstances of the subcontracting relationship prior to submitting an application. A memorandum of agreement (MOA) between the applicant and the subcontracted agency must be included in Attachment A of the application. The MOA should clearly indicate the scope of the work to be subcontracted.

22. Proprietary Information

Trade secrets or similar proprietary data which the agency does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

23. Participation Encouraged

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled including utilization as subcontractor(s) to perform functions under this Request for Applications.

THE APPLICATION PROCUREMENT PROCESS & APPLICATION REVIEW

The following is a general description of the process by which applicants will be selected for funding for this project:

1. Announcement of the Request for Applications (RFA)

The announcement of the RFA and instructions for registering for the mandatory web-based technical assistance conference are being sent to prospective agencies and organizations via email and will be posted at the following website on October 1, 2012: <http://www.ncdhhs.gov/grantopportunities/currentopportunities.htm>

2. Distribution of the RFA

RFAs will be sent via e-mail to agencies in targeted counties that register for the web-based technical assistance conference on or after August 29, 2012, and to agencies in all other counties on or after October 1, 2012.

3. Provision of Application Consultation

Inquiries about this RFA are encouraged, and may be directed to the TPPI staff at SVC_DHHS.tppi-rfa@dhhs.nc.gov or (919)707-5700. Applicants from targeted counties may receive consultation from TPPI staff upon receipt of the RFA. Applicants from all other counties are eligible for consultation following the web-based technical assistance conference on October 15, 2012. See Appendix D for an application consultation schedule of regional opportunities for individual, face-to-face appointments with DHHS staff.

Consultation to all applicants by DHHS staff shall cease on November 9, 2012. It is also the deadline for questions pertaining to the RFA. An RFA addendum containing a summary of questions asked and answers given during the consultation period will be e-mailed to all applicants on November 16, 2012. Applicants may receive assistance from the Adolescent Pregnancy Prevention Campaign of North Carolina, www.appcnc.org, 919-226-1880, until November 16, 2012.

4. Mandated Web-based Technical Assistance Conference

In order to be eligible for funding, a representative of the applicant agency must participate in a web-based technical assistance conference, which will be held on October 15, 2012 from 2:00 p.m. – 4:00 p.m. The conference will be recorded and may be viewed at any time after October 15, 2012, but before the application deadline on November 27, 2012. Participation will be verified with a password system. Instructions for accessing the web-based conference will be forwarded to all agencies that register to receive the RFA.

5. Notice of Intent

Any agency that plans to submit an application must register its intent at the following link: <http://www.zoomerang.com/Survey/WEB22FUJNCWUF4> no later than 5:00 p.m. on October 29, 2012. Confirmation of receipt will be provided in response. Agencies that do not register their intent by the deadline shall not be eligible to respond to this RFA. Information requested on the registration form shall include the following:

- The legal name of the agency
- The name, title, phone number, mailing address, and email address of the person who will coordinate the application submission

6. Application Deadline

Applications shall be received until 5:00 p.m. on November 27, 2012. Applicants should ensure that ample time is allowed for delivery of applications. Applications arriving after the deadline of 5 PM on 11/27/12 shall not be considered even if they are postmarked on or before the deadline. Faxed or e-mailed applications will not be accepted.

7. Delivery & Receipt of Application

Applications may be delivered to either the mailing address or delivery address, which are listed on the cover page of this RFA. Applications will be logged with the date and time received by the funding agency. Applicants should ensure that ample time is allowed for delivery of applications. **Applications arriving after the deadline of 5 PM on 11/27/12 shall not be considered.**

8. Review of Applications

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with adolescent health issues. Staff from applicant agencies may not participate as reviewers. The committee uses a standardized set of criteria based on various factors to establish a score for each application and provides recommendations for funding. The award of a grant to one agency does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies are cautioned that the reviewers are not required to request clarification; therefore, all applications should be complete and reflect the most favorable terms available from the agency.

9. Evaluation Criteria

The application is worth a total of 100 points. Point values are clearly marked beside each item on the application form (see Appendix A). An independent committee will review the application for both content and quality of responses to each item on the application. Each reviewer will first score the responses individually without consulting one another, and will then convene a meeting, which is facilitated by a TPPI staff member, to discuss the application and reach consensus on an appropriate score for each section. Demonstrated Need Scores and Performance Scores, as described in this RFA, are added by the TPPI staff to the application score established by the review committee.

10. Contract

The Division will issue a contract to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed contract.

11. Audit

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status.

12. Assurances

The contract may include assurances and certifications that the successful applicant would be required to execute prior to receiving a contract, including a Letter Authorizing Signature of Contracts and a Letter Authorizing Signature for Expenditure Reports. Agencies may receive federal funds, which would require them to execute certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco Smoke, Debarment, Lobbying, and Lobbying Activities. These documents are listed in Appendix H, for reference.

13. Additional Documentation to Include with Application

All applicants are required to include documentation of their tax identification number.

Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the agency's 501(c) (3) tax-exempt status. (This letter normally includes the agency's tax identification number, so it would also satisfy that documentation requirement.)

In addition, those private non-profit agencies are to provide a completed, signed, and notarized page verifying continued existence of the agency's 501(c) (3) status.

14. Federal Certifications

Agencies or organizations receiving Federal funds would be required to execute Federal Certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco Smoke, Debarment, Lobbying,

and Lobbying Activities. A copy of the Federal Certifications is included in this RFA for your reference (see Appendix H). Federal Certifications should NOT be signed or returned with application.

15. Additional Documentation Prior to Contract Execution

Contracts require more documentation prior to contract execution. After the award announcement, agencies will be contacted about providing the following documentation:

- A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign contracts. (A reference version appears in Appendix H.)
- A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign expenditure reports. (A reference version appears in Appendix H.)
- Documentation of the agency's DUNS number. Documentation consists of a copy of communication (such as a letter or email correspondence) from Dun & Bradstreet (D&B) which indicates the agency or organization's legal name, address, and DUNS number. In lieu of a document from D&B, a copy of the agency or organization's CCR record is acceptable.

If your agency does not have a DUNS number, please use the D&B online registration (<http://fedgov.dnb.com/webform>) to receive one free of charge. (DUNS is the acronym for the Data Universal Numbering System developed and regulated by D&B.)

Contracts with private non-profit agencies require additional documentation prior to contract execution. After the award announcement, private non-profit agencies will be contacted about providing the following documentation:

- A completed, signed, and notarized statement which includes the agency's Conflict of Interest Policy. (A reference version appears in Appendix H.)
- A completed, signed, and notarized page certifying that the agency has no overdue tax debts. (A reference version appears in Appendix H)

Note: At the start of each calendar year, all agencies with current DPH contracts are required to update their contract documentation. These agencies will be contacted a few weeks prior to the due date and will be provided the necessary forms and instructions.

16. Registration with Secretary of State

Private non-profit applicants must also be registered with the North Carolina Secretary of State to do business in North Carolina, or be willing to complete the registrations process in conjunction with the execution of the contract documents (see www.secretary.state.nc.us/corporations).

17. Application Process Summary Dates:

08/29/2012	RFA released to targeted counties; targeted counties eligible for consultation.
10/01/2012	Release RFAs to all counties; non-targeted counties not eligible for consultation until after webinar on 10/15/12.
10/15/2012	Mandated web-based technical assistance conference (2:00 p.m. – 4:00 p.m.); all counties eligible for consultation.
10/23 –25/2012	Regional individual face-to-face consultation appointments.
10/29/2012	Notice of intent due.
11/09/2012	End consultation by DHHS staff; Deadline for questions pertaining to the RFA.
11/16/2012	Send Q&A addendum to applicants.
11/27/2012	Application deadline at 5 PM.
01/31/2013	Successful applicants will be notified.

COMPLETING THE APPLICATION

Cover Letter

A cover letter on agency letterhead must be signed by the lead administrator of the agency submitting the application. The cover letter must indicate a clear understanding of and strong commitment to replicating the proposed pregnancy prevention program model and implementing the program evaluation plan.

Application Face Sheet

This form serves as the cover page of the application. It provides important information about the applicant and the proposed project, and requires the signature of the individual authorized to sign “official documents” for the agency. Complete the application face sheet with the information requested.

Applicants must enter their Data Universal Numbering System (DUNS) number, which is developed and regulated by Dun & Bradstreet. If your agency does not have a DUNS number, please use the Dun & Bradstreet (D&B) online registration (<http://fedgov.dnb.com/webform>) to receive one free of charge.

Section 1: Needs Assessment

Level of Need

Applications from targeted counties will receive a demonstrated need score as described in this RFA. However, applications from non-targeted counties may receive strong scores for this section by convincingly describing the need for services in a specific setting or among a high risk group of individuals within the county. Appropriate data and statistics should be provided to support the statement of need. Please note that it is not sufficient to state that the potential participants are at “high risk.” Applicants must indicate the risk factors and lack of protective factors which may influence the sexual behavior of potential program participants.

Risk & Protective Factors That Affect Teen Pregnancy Rates

In order to reduce the rates of teen pregnancy in their communities, applicants must understand the factors that influence adolescents’ decisions about sex, determine which factors can be impacted by teen pregnancy prevention programming, and assess which of the factors are most relevant for the population they intend to serve. A list of “Potentially Important Risk and Protective Factors That May Affect Adolescent Sexual Behavior, Use of Condoms and Contraception, Pregnancy and STD” is included in Appendix E to provide applicants with information to strengthen their applications. The list is excerpted from the publication, *Sexual Risk and Protective Factors: Factors Affecting Teen Sexual Behavior, Pregnancy, Childbearing and Sexually Transmitted Disease* by Douglas Kirby, Ph.D., Gina Lepore, B.A., and Jennifer Ryan, M.A. Applicants are encouraged to visit the TPPI website at www.teenpregnancy.ncdhhs.gov/funding.htm to view additional details in the full report which summarizes the results of more than 400 research studies conducted in the United States.

Citations

Citations for data and statistics provided in the needs assessment should be indicated using endnotes. The citation list should be included on a separate page from the needs assessment narrative and will not count against the page limit for this section. For further information on citing references using endnotes, please refer to the handout at <http://www.teenpregnancy.ncdhhs.gov/funding.htm>.

Section 2: Program Plan

BDI Logic Model

Applicants are required to develop a BDI Logic Model, which is a visual depiction of how a program will achieve a health goal. It shows how the program will impact behavior determinants (i.e., risk and protective factors), which influence sexual behaviors and thereby prevent pregnancies among participants. The process of creating a BDI Logic Model leads applicants to logically and strategically choose an intervention that will most effectively prevent teen pregnancy in their community.

Several opportunities are available for applicants to learn how to develop BDI Logic Models. A free online course for beginners is available at <http://psdev.etr.org/recapp/documents/logicmodelcourse/index.htm> (using Internet Explorer is recommended), and a detailed manual, *BDI Logic Models: A Useful Tool for Designing, Strengthening and Evaluating Programs to Reduce Adolescent Sexual Risk-Taking, Pregnancy, HIV and Other STDs* can be downloaded from www.teenpregnancy.ncdhhs.gov/funding.htm. The TPPI staff is available for consultation until November 9, 2012. Applicants may receive assistance from the Adolescent Pregnancy Prevention Campaign of North Carolina, www.appcnc.org, 919-226-1880, until November 16, 2012.

A sample BDI Logic Model, which is based on a hypothetical pregnancy prevention program, is included in Appendix F. Please note the level of detail (Specific, Measurable, Achievable, Realistic, and Time-Bound) that is required about the intervention activities. Also note that logistical issues, incentive activities, transportation, and other activities are not included on the logic model. These activities should be included in the program plan narrative. While logistics are critical to program implementation, only those interventions that can be linked to the established determinants, behaviors, and ultimate goal should be included in the logic model. The purpose of the logic model is to give a visual representation of exactly how the applicant intends to impact behaviors and the health goal.

Choosing a Program Model

The process of creating the BDI Logic Model will clarify which program model(s) will be most appropriate for the potential participants. Applicants must replicate a teen pregnancy prevention program model on the list of fundable pregnancy prevention program models, which is in Appendix B. Additional information about the program models can be viewed at: www.teenpregnancy.ncdhhs.gov/funding.htm. With special approval by the funding agency, other program models may be proposed.

Applicants should demonstrate a clear understanding of the chosen program model by clearly explaining how it will effectively address the risk and protective factors of the program participants and lead to a reduction in teen pregnancy. Applicants must implement the chosen program model with fidelity, and are expected to receive facilitation or implementation training regarding the program model. Applicants should carefully study the requirements of each model and explain how they will ensure that these requirements are met. Applicants may consider enhancing the chosen program model by adding any of the following activities: academic assistance, parent involvement, service learning, career awareness, job skills development, individual counseling, and cultural enrichment.

Comprehensive Sexuality Education

A comprehensive sexuality education program empowers adolescents with information they need to make healthy decisions about their emotional and physical well-being, and it explores relationships, decision-making, assertiveness, peer pressure and other topics related to health and human sexuality. Applicants are mandated to provide comprehensive sexuality education including complete and medically accurate information about contraceptive methods including abstinence to all participants (see TPPI Legislative Rules in Appendix C). The term “complete and medically accurate” means verified or supported by the weight of research conducted in compliance with accepted scientific methods; and published in peer-reviewed journals, where applicable or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.

Section 3: Evaluation

PROCESS EVALUATION

Process evaluation documents and analyzes program implementation, such as number of participants served, number of sessions held, etc. Both the TPPI database and participant satisfaction surveys are used in the process evaluation.

TPPI Database

TPPI monitors the services being provided to participants by requiring grantees to enter information about program activities into the web-based TPPI Database. Training is provided to program coordinators on how to use the database.

Participant Satisfaction Feedback

Grantees are required to create and utilize a participant satisfaction survey in order to obtain feedback that will guide continuous improvements of program implementation.

OUTCOME EVALUATION

The outcome evaluation seeks to identify changes in knowledge, attitudes, and behaviors related to delaying sexual initiation, improving contraceptive use, and/or reducing adolescent pregnancy. TPPI coordinates the outcome evaluation plan for APPP, and grantees may not use state funds from this grant to conduct an additional outcome evaluation. (If a grantee wishes to do a more extensive program evaluation, then other funding must be utilized.) Outcome evaluations are conducted in all four years of the funding cycle, and include administration of the Teen Pregnancy Prevention Survey (TPPS). During years two and three, grantees are required to recruit a comparison group.

Teen Pregnancy Prevention Survey

Program outcomes are measured using the Teen Pregnancy Prevention Survey (TPPS) (see Appendix G). Pre-tests and post-tests must be completed by both the participant group and a comparison group (see below). The pre-tests are administered before services to the participants begin, and the post-tests are administered after services to the participants end.

Applicants may choose to utilize either a paper version or an electronic version, which can be completed online. Administering the electronic version may reduce data entry and processing errors. However, it may not be feasible for all applicants to administer the survey electronically. Either version of the survey can be completed in approximately 30 minutes.

Comparison Group

During years two and three, grantees are required to identify and maintain a group of individuals that are similar to the group of program participants in terms of age, gender, race, socioeconomic status, and presence of risk and protective factors. Grantees must identify a comparison group equal to half the number of proposed participants. For example, if the grantee proposes reaching 80 participants, then the comparison group must consist of at least 40 individuals. Grantees serving more than 100 participants are only required to recruit 50 comparison group members. It is very important for grantees to avoid providing sexual health education or pregnancy prevention programming to the individuals in the comparison group between their completion of the pre-test and post-test.

Data collected from the comparison group is compared to data collected from the participant group to demonstrate the effectiveness of the program in changing the knowledge, attitudes, and behaviors of the participants. The comparison group must be maintained for the same duration as the group of program participants. For example, if the program is nine months in duration, then the comparison group should also be maintained for nine months. Likewise, if the program participants are maintained for four years, then the comparison group should also be maintained for four years.

If the applicant will be relying on another agency to provide a comparison group, a letter of specific commitment from that agency must be included in Attachment A of the application. The letter of specific commitment must demonstrate a firm commitment to allow the applicant to administer pre-tests and post-tests with the comparison group members.

Recruiting Comparison Group Members

The following are the three suitable ways to recruit comparison group members:

Best – Recruit a certain number of participants and then randomly assign two-thirds to the participant group and one-third to the comparison group. For example, if the program proposes to serve 50 students, then 75 students should be recruited. To maintain random assignment, names should be drawn from a hat to determine who will be in the program and who will be in the comparison group. According to the literature on program evaluation, this is the most valid strategy for evaluation purposes. However, it might not be a suitable or desirable method for every applicant.

Good – Identify an existing group from another agency (e.g., YWCA, Boys and Girls Club, schools, churches) that is similar to the participant group. Be sure that these individuals will not be participating in another teen pregnancy prevention program.

Acceptable – Invite friends of program participants to serve as the comparison group. Using this strategy can be difficult as the comparison group must be maintained over time in order to administer the post-test to them. Therefore, devising a system for tracking the comparison group members is vital.

Incentives for Comparison Group Members

Incentives such as healthy snacks, movie tickets or gift cards may be offered to comparison group members to ensure that they complete both the pre-tests and post-tests. No more than \$20 per individual each year may be spent on incentives for comparison group members. If gift cards will be provided, applicants must outline a plan to log them by serial number, maintain them in a locked storage cabinet, and obtain the signature of individuals upon receipt of the cards.

Section 4: Agency Ability

Agency Capacity

Applicants should consider whether their agency has the capacity to administer the state grant funds if awarded. Recipients of state funds are expected to have established in writing certain general agency policies including personnel and financial accounting policies. Applicants that have not previously received or successfully administered state funds should consult a TPPI staff member to determine if their agency has the internal policies and procedures in place to administer a state grant at this time. Funds to grantees will be dispersed on a cost reimbursement basis only and agencies should carefully consider if they have the capacity to implement the program under this system.

Staff Salary

The development and ultimate success of a project can be thwarted by frequent staff turnover, which is often caused in part by salaries that are not comparable to similar professional positions in the county. Applicants are expected to propose a competitive salary.

Staff Training

The chosen program model must be implemented with fidelity (i.e., as intended by the program developers) in order to maximize its effectiveness at preventing pregnancy among the program participants. Therefore, it is very important that program staff is appropriately trained to facilitate and implement the program. Applicants should indicate any experience that the program staff have with the program model and any training that they have received or plan to receive if awarded funding.

Section 5: Community Involvement

CAC Membership

Applicants are required to establish a Community Advisory Council (CAC) that consists of members representing at least five community agencies other than the funded agency. These agencies shall include the local health department and some of the following community entities: The public school system, the department of social services, cooperative extension, mental health services, local corporations and businesses, media, and other local agencies that serve youth.

CAC Role

The CAC shall be responsible for advising and assisting program staff to provide high quality services to participants, reviewing all educational and promotional materials developed by the program to ensure appropriateness for the community, and actively promoting and supporting the program in the community. Applicants should describe the work of the CAC in assisting with preparation of the application.

CAC Meetings

The CAC shall convene at least quarterly and meeting minutes shall be taken to account for the work of the CAC.

Letters of Specific Commitment

If the applicant will be relying on individuals or other agencies to implement any proposed activities or to provide any resources, letters of specific commitment from those agencies must be included. Examples of such agencies include those that will provide financial support, meeting space, transportation, access to participants or comparison group members, or services to participants beyond the scope of the applicant agency. In addition, all applications must include a letter of specific commitment from the local county health department. If the proposed program activities will be implemented in more than one county, then a letter of specific commitment must be included from all applicable health departments. If the applicant is a local health department, then no letter of specific commitment is needed from the health department. All letters of specific commitment should be placed in Attachment A.

Documentation of General Support

Applications should include evidence of general support from the community. Some examples of documentation that demonstrate community support include letters of general support from citizens and community agencies and statements in newspaper articles or minutes from public hearings showing community support for the application or for adolescent pregnancy prevention programming. All documentation of general support should be placed in Attachment B.

Section 6: Budget

Budget and Justification Form

Applicants must complete the *Budget and Justification Form*, which requires a line item budget for each of the four years of funding and a narrative justification. The form will be sent to interested agencies along with this RFA, and it can be downloaded on October 1, 2012 from the TPPI website at www.teenpregnancy.ncdhhs.gov/funding.htm.

Narrative Justification for Year One Expenses

A narrative justification must be included for *every* expense listed in the year one budget. Each justification should show how the amount on the line item budget was calculated, and it should be clear how the expense relates to the project. For example, a line item expense of \$2,493.75 for Educational Materials might be justified as follows: "Educational Materials: A student workbook from the ABC Evidence-based Curriculum for each of the 125 program participants (125 workbooks @ \$19.95 = \$2,493.75)."

Local Matching Funds

Applicants are required to provide local matching funds that range from \$10,000 to \$25,000 annually depending upon the amount of the award. See the TPPI Legislative Rules in Appendix C for more information about funding levels. Local matching funds may be accounted for in either cash or in-kind contributions. In-kind contributions are those given in goods or services rather than money (e.g., meeting space at the agency, hours worked by volunteers, refreshments donated by the community for program sessions). The use of these matching funds should also be clearly justified (e.g in-kind office space 50% of 144 square feet @ \$8.75/sq. foot).

Equipment Costs

Expenses for any equipment to be purchased may not exceed \$2,000 per item.

Administrative Personnel Costs

Personnel costs for any staff that will not be providing direct services to program participants may not exceed 10% of the total budget.

Incentives

Incentives may be provided to participants in order to ensure the level of commitment that is needed to achieve the expected outcomes of the program, and to comparison group members in order to ensure the completion of both the pre-tests and post-tests. While there is no maximum amount of funding that may be used to provide incentives for participants, the level of incentives must be appropriate for the level of commitment that is needed for the participants to achieve the expected outcomes of the program. The maximum value of incentives for comparison group members is \$20 per person per year.

State funds may not be used to provide cash payments as incentives. Local matching funds must be used to provide cash incentives. State funds may be used for non-cash incentives such as gift cards, movie passes, and healthy meals.

If gift cards will be provided, applicants must outline a plan to log them by serial number, maintain them in a locked storage cabinet, and obtain the signature of individuals upon receipt of the cards.

Program Evaluation Costs

Evaluation design and analysis will be coordinated by TPPI. If an applicant plans to implement a more extensive evaluation plan, then these costs must be covered by local matching funds.

Audits

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used online at www.NCGrants.gov. There are 3 reporting levels which are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$500,000

Level 3: \$500,000 or more

Level 3 grantees are required to submit a "Yellow Book" Audit done by a CPA. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

Indirect Costs

Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. The indirect cost rate shall not exceed 10 percent (10%) of the total direct cost. If indirect costs are requested, a current indirect cost rate letter must be included with the applicant's budget. The proper documentation for indirect cost is either a copy of the indirect cost approval letter to the contractor from the cognizant federal agency.

In situations where a non-governmental entity does not receive funds directly from a federal agency and where no federal cognizant agency is designated, an indirect cost rate may be established using criteria and cost principles outlined in the applicable federal circular. Under these conditions, a person or firm, preferably one knowledgeable of this subject should establish the rate. This person or firm should not be associated with the audit firm that conducts an audit of the entity's records. Once a rate has been established, this person or firm should certify in writing to the non-governmental entity that the rate has been established in accordance with the applicable federal circular and that the documentation should be maintained and made available to any auditor requesting such information. The entity should also provide a copy of the letter to any and all agencies with whom they contract and from whom they wish to claim reimbursement of indirect costs.

Depending upon the type of organization, the following federal circulars/regulations apply:

State, Local and Indian Tribal Governments	2 CFR Part 225& ASMB C-10
Educational Institutions	OMB Circular A-21
Hospitals	45 CFR Part 74
Private Non-Profit Organizations	2 CFR Part 230
For Profit Organizations (other than hospitals)	48 CFR Part 31

Attachment A: Letters of Specific Commitment & Memoranda of Agreement

This attachment must include letters of specific commitment from each of the following agencies or individuals:

- Any agency that will provide access to a comparison group. The letter of specific commitment must demonstrate a firm commitment to allow the applicant to administer pre-tests and post-tests with the comparison group members.
- Any agency that the applicant will be relying on to successfully implement the proposed program activities. Examples of such agencies include those that will provide financial support, meeting space, transportation, access to participants, or services to participants beyond the scope of the applicant.
- The local county health department. If the proposed program activities will be implemented in more than one county, then a letter must be included from all applicable health departments. If the applicant is the county health department, then a letter of specific commitment is not needed.
- At least five current or prospective CAC members indicating both their commitment to serve and the responsibilities they will assume as a member of the CAC.

If the applicant will subcontract the direct program services to another agency or organization, a memorandum of agreement (MOA) between the applicant agency and the subcontracted agency must be included in this attachment. Applicants that wish to subcontract direct program services to another agency must consult TPPI staff about the specific circumstances of the subcontracting relationship prior to submitting an application. The MOA should clearly indicate the scope of the work to be subcontracted.

Attachment B: Documentation of General Support

This attachment should include any of the following:

- Letters of general support from citizens and community agencies.
- Statements in newspaper articles or minutes from public hearings showing community support for the application or for adolescent pregnancy prevention programming.
- Other evidence of general support from the community.

Attachment C: Agency Information

This attachment must include each of the following:

- Organizational chart of the applying agency.
- List of current Board of Directors of the applying agency.
- List of current or prospective Community Advisory Council members.
- Job descriptions for all staff positions that are necessary to implement and support the project.
- 501 (c) (3) Letter (*Private Non-Profit Agencies Only*) – Not required if previously submitted to the Division of Public Health in response to the general request for documentation made to current grantees by the Contracts Office on 1/1/12.
- Notarized Conflict of Interest Policy (*Private Non-Profit Agencies Only*) – Not required if previously submitted to the Division of Public Health in response to the general request for documentation made to current grantees by the Contracts Office on 1/1/12.
- Certification of No Overdue Taxes (*Private Non-Profit Agencies Only*) – Not required if previously submitted to the Division of Public Health in response to the general request for documentation made to current grantees by the Contracts Office on 1/1/12.

APPLICATION CHECKLIST

Please be sure that all of the items below are included in your application. Use a binder clip at the top left corner on each copy of the application. The original application should be clearly marked “original” and the three copies should be marked “copy” on the application face sheet.

- _____ Cover Letter
- _____ Complete Application Form
Sent along with the RFA, and can be downloaded on October 1, 2012 from the TPPI website at www.teenpregnancy.ncdhhs.gov/funding.htm.
- _____ Budget & Justification Form
Sent along with the RFA, and can be downloaded on October 1, 2012 from the TPPI website at www.teenpregnancy.ncdhhs.gov/funding.htm.
- _____ Attachment A: Letters of Specific Commitment and Memoranda of Agreement
- _____ Attachment B: Documentation of General Support and Letters of Support
- _____ Attachment C: Agency Information

Appendix A

Application Form

The form in this attachment is for reference only.

The form to be submitted was sent along with the RFA
and can be downloaded on October 1, 2012 from the TPPI website at:

www.teenpregnancy.ncdhhs.gov/funding.htm

Application Face Sheet

RFA# A264

Adolescent Pregnancy Prevention Program

Legal Name of Agency:	
Name of Individual with Signature Authority:	
Best contact person for follow-up questions:	
Mailing Address (include zip code+4):	
Address to which checks will be mailed:	
Street Address:	
Website Address:	
Contract Administrator: • Name: • Title:	• E-mail Address: • Telephone #: • Fax #:
Agency Status: <input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit	Federal Tax ID #:
Agency's Financial Reporting Year: select to select	DUNS #:
Amount of Funding Requested: yr 1: yr 2: yr 3: yr 4:	Amount of Local Matching Contribution: yr 1: yr 2: yr 3: yr 4:
Do the agency's state and/or federal expenditures exceed \$500,000 for the current fiscal year (excluding amount requested)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the proposed project an existing set of activities being supported with other funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
County(ies) to Be Served by the Project:	
Pregnancy Prevention Program Model Being Proposed? select	
Number of participants agency proposes to serve per year:	
Will complete and medically accurate information about contraceptive methods, including abstinence, be provided to all participants as required by the legislative rules of this program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the Teen Pregnancy Prevention Survey been reviewed and approved for use with program participants? (See Appendix G) <input type="checkbox"/> Yes <input type="checkbox"/> No	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NCDHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
Signature of Authorized Representative:	Date

Section 1

Needs Assessment

Total Point Value:

15

Page Limit:

3 single-spaced (excluding citation page)

- 1-1. Provide recent data to demonstrate the need for a pregnancy prevention program in your service area. Include state and local statistics and cite sources. (6 points)**
- 1-2. What are the specific unmet needs of the population to be served? Provide evidence that the population to be served *possess risk and protective factors* associated with unintended pregnancy. Substantiate statements with data and cite sources. (7 points)**
- 1-3. Citations should be noted throughout the needs assessment using endnotes. A list of citation sources should be attached to the needs assessment as a separate page, which will not count against the page limit for this section. (2 points)**

Section 2

Program Plan

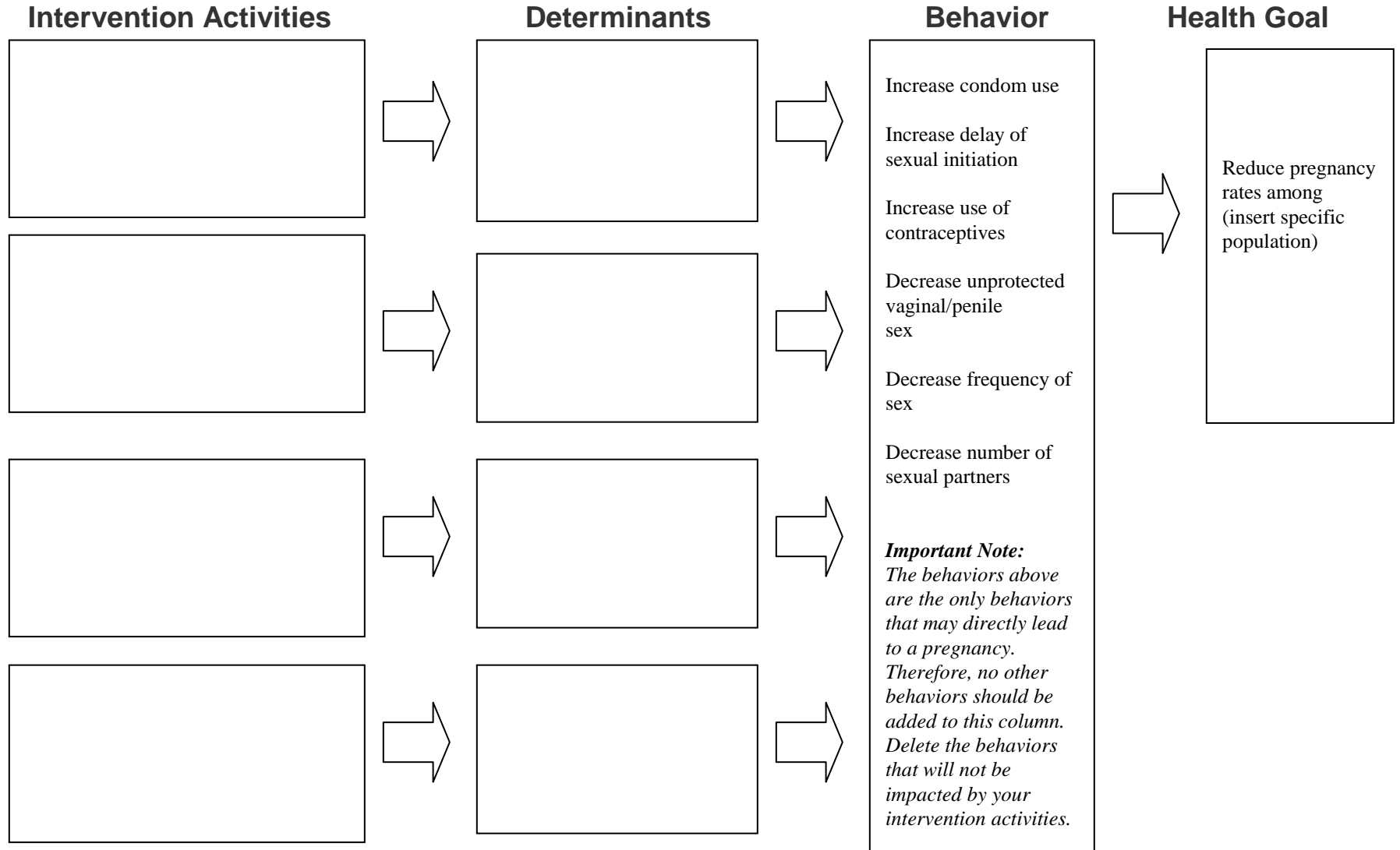
Total Point Value:

25

Page Limit:

4 single-spaced (excluding logic model)

2-1. Complete the BDI logic model below. Add pages as needed. (5 points)



- 2-2. Provide an overview of the intervention activities of the program model you plan to implement, and explain why you chose the program model. Explain how you will ensure that the chosen model is implemented with fidelity. Also, describe any additional intervention activities that you plan to add to the chosen program model. Explain why you chose to add the additional activities and how will they address the unmet needs. (15 points)**
- 2-3. Explain how you will provide comprehensive sexuality education including complete and medically accurate information about contraceptive methods including abstinence. (5 points)**

Section 3 Evaluation

Total Point Value:
15

Page Limit:
2 single-spaced

- 3-1. Indicate that you have a computer (or plan to purchase one) and internet access that can be used to enter data into the TPPI Database. Who will be responsible for: a) entering data into the database? and b) monitoring the database to ensure that data is being entered on a monthly basis? (2 points)**
- 3-2. Describe your plans for soliciting feedback from program participants, and how you will use this information for continuous quality improvement. (1 point)**
- 3-3. How will you recruit participants and ensure that they complete both the pre-test and post-test survey? (3 points)**
- Include a letter from your agency director indicating support for and approval of the Teen Pregnancy Prevention Survey (TPPS) (see Appendix G) for use with your participant group. If you will be relying on another agency to provide access to participant group members, include in Attachment A a letter of specific commitment from that agency demonstrating a firm commitment to allow you to administer the Teen Pregnancy Prevention Survey (TPPS). (1 point)
- 3-4. How will you recruit comparison group members? What demographic characteristics will they share with your participants? How will you retain the comparison group members for the same duration as the program participants, and ensure that they complete both the pre-test and post-test survey? (4 points)**
- Include a letter from your agency director indicating support for and approval of the Teen Pregnancy Prevention Survey (TPPS) (see Appendix G) for use with your comparison group. If you will be relying on another agency to provide access to comparison group members, include in Attachment A a letter of specific commitment from that agency demonstrating a firm commitment to allow you to administer the Teen Pregnancy Prevention Survey (TPPS). (1 point)
- 3-5. How will you ensure confidentiality for participants and comparisons as they complete the Teen Pregnancy Prevention Survey (TPPS)? Describe your plan for assigning and tracking unique identifiers to all survey respondents. (3 points)**

Section 4

Agency Ability

Total Point Value:
15

Page Limit:
3 single-spaced

- 4-1. Summarize your agency's mission, background, and services. (3 points)**
- Include the following in Attachment C: A list of your agency's Board of Directors; and the organizational chart of your agency. If new positions will be created with this grant award, explain where these positions will fit into the chart. **(1 point)**
 - All applicants are required to include documentation of their tax identification number.
 - Public Agencies: Provide a copy of a letter from the IRS which documents your organization's tax identification number. The organization's name and address on the letter must match your current organization's name and address.
 - Private Non-profits: Provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c) (3) of the Internal Revenue Code. The organization's name and address on the letter must match your current organization's name and address.
 - In addition, those private non-profit agencies are to provide a completed, signed, and notarized page verifying continued existence of the agency's 501(c) (3) status. Verification form provided as part of Attachment C.
- 4-2. Describe your agency's capacity to implement a teen pregnancy prevention program and administer the state grant funds if awarded. (3 points)**
- 4-3. Describe the staff positions that are necessary to implement and support the project, including the amount of time to be spent on the project. (2 points)**
- Include in Attachment C job descriptions for all staff positions that are necessary to implement and support the project. The job descriptions should include key responsibilities, minimum qualifications, and salary range. **(2 points)**
- 4-4. Summarize the background or experience of personnel in the key project positions. If staff are not currently in place, explain the process for recruiting and hiring them. (2 points)**
- 4-5. When and how will staff be trained to implement the chosen program model? (2 points)**

Section 5

Community Involvement

Total Point Value:

15

Page Limit:

3 single-spaced

- 5-1. Describe your efforts to establish or strengthen the membership of your Community Advisory Council (CAC). (1 point)**
– Include in Attachment C a list of members of the CAC and include their affiliation. If there is not an existing CAC, provide a list of prospective members. **(1 point)**
- 5-2. Describe how the CAC has been or will be involved with the implementation of the project and with the development of this application. (3 points)**
– Include in Attachment A letters of specific commitment from current or prospective CAC members from at least five agencies other than the applying agency indicating both their commitment to serve and the responsibilities they will assume as a member of the CAC. **(1 points)**
- 5-3. Describe the roles of other agencies that will be collaborating with your agency to implement the project. Specifically address collaboration with your local county health department. (3 points)**
– Include in Attachment A letters of specific commitment from all agencies integral to the implementation of the proposed activities. A letter from the local county health department must be included unless the applicant agency is the county health department. **(1 points)**
- 5-4. Where will you refer participants that have needs beyond the scope of your project such as contraception, sexual violence, dating/domestic violence, mental health, and substance abuse? (3 points)**
– Include in Attachment A letters of specific commitment from all agencies who will accept referrals for these needs. **(1 points)**
- 5-5. Describe any general support from the community for the project. (1 point)**
– Include in Attachment B letters of general support or any other documentation to show that there is community support for the application.

Section 6

Budget

Total Point Value:

15

Page Limit:

Not Applicable

Insert Budget & Justification Form

Applicants must complete the *Budget and Justification Form* for each of the 4 funding periods and include the 4 budgets as part of this section. The *Budget and Justification Form* will be provided at the mandated web-based technical assistance conference and e-mailed to applicants with the RFA. This budget requires a line item budget and justification for the initial funding period of 6/1/2013 through 5/31/2014; a budget and justification for the second funding period of 6/1/2014 through 5/31/2015; a budget and justification for the third funding period of 6/1/2015 through 5/31/2016; and budget and justification for the fourth funding period of 6/1/2016 through 5/31/2017. This budget and justification form will be sent to interested agencies along with this RFA and can be downloaded from the following website: www.teenpregnancy.ncdhhs.gov/funding.htm beginning October 1, 2012.

If indirect costs are requested, a current indirect cost rate letter must be included with the applicant's budget. The proper documentation for indirect cost is either a copy of the indirect cost approval letter to the contractor from the cognizant federal agency, or a letter from an independent, certified public accountant that establishes this rate for the agency.

Attachment A

Letters of Specific Commitment & Memoranda of Agreement

This attachment must include letters of specific commitment from each of the following agencies or individuals:

- Any agency that will provide access to a comparison group. The letter of specific commitment must demonstrate a firm commitment to allow the applicant to administer TPPS pre-tests and post-tests with the comparison group members.
- Include a letter from your agency director indicating support and approval of the use of the TPPS for the participant.
- Any agency that the applicant will be relying on to successfully implement the proposed program activities. Examples of such agencies include those that will provide financial support, meeting space, transportation, access to participants, or services to participants beyond the scope of the applicant.
- The local county health department. If the proposed program activities will be implemented in more than one county, then a letter must be included from all applicable health departments. If the applicant is the county health department, then a letter of specific commitment is not needed.
- At least five current or prospective CAC members indicating both their commitment to serve and the responsibilities they will assume as a member of the CAC.

If the applicant will subcontract the direct program services to another agency or organization, a memorandum of agreement (MOA) between the applicant agency and the subcontracted agency must be included in this attachment. Applicants that wish to subcontract direct program services to another agency must consult TPPI staff about the specific circumstances of the subcontracting relationship prior to submitting an application. The MOA should clearly indicate the scope of the work to be subcontracted.

Attachment B

Documentation of General Support and Letters of Support

This attachment should include any of the following:

- Letters of general support from citizens and community agencies
- Statements in newspaper articles or minutes from public hearings showing community support for the application or for adolescent pregnancy prevention programming
- Other evidence of general support from the community

Attachment C

Agency Information

This attachment must include each of the following:

- Organizational chart of the applying agency.
- List of current Board of Directors of the applying agency.
- List of current or prospective Community Advisory Council members.
- Job descriptions for all staff positions that are necessary to implement and support the project.
- All applicants are required to include documentation of their tax identification number.
 - Public Agencies: Provide a copy of a letter from the IRS which documents your organization's tax identification number. The organization's name and address on the letter must match your current organization's name and address.
 - Private Non-profits: Provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization's name and address on the letter must match your current organization's name and address. In addition, those private non-profit agencies are to provide a completed, signed, and notarized page verifying continued existence of the agency's 501(c)(3) status. Verification form provided on the following page.

(This Form Must be Printed on Agency Letterhead)

Verification of 501 (C)(3) Status

We, the undersigned entity, hereby testify that the undersigned entity's 501 (c)(3) status, on file with the North Carolina Department of Health and Human Services, Division of Public Health, is still in effect.

Name of Agency

Signature of Chairman, Executive Director, or other authorized official

Title of above signed authorized official

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Signature and Seal

Notary's commission expires _____, 20__.

Appendix B

Fundable Pregnancy Prevention Program Models

Fundable Pregnancy Prevention Program Models

2012 Request For Applications

Adolescent Pregnancy Prevention Program

This table is intended to provide a brief snapshot of the program models that are approved for funding. Applicants are encouraged to do their own additional research and choose the program model(s) from the list that will most effectively address the needs of their communities.

Program Model <i>For additional information about each program click on the name below</i>	Number of Sessions	Program Type		Race/Ethnicity			Gender		Setting		Grade		Evaluation		Community Service Learning	Peer Leader Component	Multiple Levels/Years of Curricula	Parent Involvement Component
		Sexuality Education	Youth/Leadership Development	Mixed Groups	African American Only	Hispanic Only	Males	Females	School	Community or After-school	Middle School or Under Age 14	High School or Age 15 & Older	Evidence Based Curricula	Promising Evaluation Results				
Becoming a Responsible Teen	8	x			x		x	x		x		x	x					
iCuidate! (Take Care of Yourself)	6	x				x	x	x		x	x	x	x					
Making Proud Choices	8	x		x			x	x	x	x	x		x					
Reducing the Risk	16	x		x			x	x	x			x	x					
Safer Choices	Level 1-11 Level 2-10	x		x			x	x	x			x	x			x	x	x
Smart Girls ¹	10	x		x				x	x	x	x			x				x
Teen Outreach Program	25	x	x	x			x	x	x	x	x	x	x		x		x	
Teen PEP	90 days	x	x	x			x	x	x	x	x	x		x		x	x	x
Wise Guys (level one) ¹	10	x		x			x		x	x	x	x		x				

¹ *Smart Girls* and *Wise Guys* complement one another by reaching boys and girls separately. Implementing them in tandem is advisable but not required.

Appendix C

TPPI Legislative Rules

TPPI Legislative Rules

North Carolina General Statutes
Chapter 130A: Public Health
Article 5: Maternal and Child Health and Women's Health
Part 6: Teen Pregnancy Prevention

§ 130A-131.15A. Department to establish program.

(a) The Department shall establish and administer Teen Pregnancy Prevention Initiatives. The Department shall establish initiatives for primary prevention, secondary prevention, and special projects.

(b) The Commission shall adopt rules necessary to implement this section. The rules shall include a maximum annual funding level for initiatives and a requirement for local match.

(c) Initiatives shall be funded in accordance with selection criteria established by the Commission. In funding initiatives, the Department shall target counties with the highest teen pregnancy rates, increasingly higher rates, high rates within demographic subgroups, or greatest need for parenting programs. Grants shall be awarded on an annual basis.

(d) Initiatives shall be funded on a four-year funding cycle. The Department may end funding prior to the end of the four-year period if programmatic requirements and performance standards are not met. At the end of four years of funding, a local initiative shall be eligible to reapply for funding.

(e) Administrative costs in implementing this section shall not exceed ten percent (10%) of the total funds administered pursuant to this section.

(f) Programs are not required to provide a cash match for these funds; however, the Department may require an in-kind match.

(g) The Department shall periodically evaluate the effectiveness of teen pregnancy prevention programs. (2001-424, s. 21.89(c).)

North Carolina Administrative Code
Title 10A – Health and Human Services
Chapter 43 – Personal Health
Section .0800 – Teen Pregnancy Prevention

10A NCAC 43A .0801 GENERAL

(a) The Teen Pregnancy Prevention Initiatives shall be administered by the Division of Public Health, 1915 Mail Service Center, Raleigh, North Carolina 27699-1915, (919) 733-7791.

(b) The Division of Public Health shall take the following actions prior to the end of State Fiscal Year 2001-2002: All currently funded Teen Pregnancy Prevention Projects shall be notified that they have been assigned to one of four groups, based upon the date that their Teen Pregnancy Prevention funding was initiated. This grouping shall allow the Division to phase out, in an orderly manner, those projects funded under the former rules of operation. These projects shall be grouped as follows:

- (1) Group one shall be informed that they have one year of funding remaining. Projects in this group may file competitive applications for re-funding in the fall of 2002 for grants beginning on July 1, 2003.
- (2) Group two shall be informed that they have two years of funding remaining. Projects in this group may file competitive applications for re-funding in the fall of 2003 for grants beginning on July 1, 2004.
- (3) Group three shall be informed that they have three years of funding remaining. Projects in this group may file competitive applications for re-funding in the fall of 2004 for grants beginning on July 1, 2005.
- (4) Group four shall be informed that they have four years of funding remaining. Projects in this group may file competitive applications for re-funding in the fall of 2005 for grants beginning on July 1, 2006.

(c) Notwithstanding Paragraph (b) of this Rule, Adolescent Pregnancy Prevention Program Projects that were approved for funding prior to December 1, 2001 shall receive their annually decreasing funding amount until the end of the original five-year agreement. These projects shall be placed in the groups described in Paragraph (b) of this Rule according to the years remaining on their original agreements. Any existing project that decides to forgo its remaining years of APPP funding and to submit an application for stable funding under the revised program rules, may do so only after submission of a notice of voluntary program termination no later than six months prior to the start of the next fiscal year.

*History Note: Authority G.S. 130A-124; 130A-131.15A; S.L. 1989, c. 752, s. 136;
Eff. August 1, 1990;
Temporary Amendment Eff. December 1, 2001;
Temporary Amendment Expired September 13, 2002;
Amended Eff. April 1, 2003.*

10A NCAC 43A .0802 DEFINITIONS

The following definitions shall apply throughout this Subchapter:

- (1) "TPPI" means the Teen Pregnancy Prevention Initiatives which covers the Adolescent Pregnancy Prevention Program and Adolescent Parenting Program administered by the Division of Public Health.
- (2) "DPH" means the Division of Public Health, 1915 Mail Service Center, Raleigh, North Carolina 27699-1915.
- (3) "Contractor" means a county or district health department or department of social services or other public or private agency receiving Teen Pregnancy Prevention Initiatives funding.
- (4) "Adolescent" means any individual 19 years of age and under.
- (5) "Major Equipment" means any fixed asset that has a unit cost of two thousand dollars (\$2,000) or more.
- (6) "Minor Remodeling" means any building or facility reconstruction project having a total cost of two thousand dollars (\$2,000) or less.
- (7) "Primary pregnancy prevention" means prevention of first pregnancy.
- (8) "Department" means the Department of Health and Human Services.
- (9) "The Commission" means the Commission for Public Health.
- (10) "Secondary pregnancy prevention" means prevention of second and higher order pregnancies.

*History Note: Authority G.S. 130A-124; 130A-131.15A;
Eff. August 1, 1990;
Amended Eff. January 4, 1994;
Temporary Amendment Eff. December 1, 2001;
Temporary Amendment Expired September 13, 2002;
Amended Eff. April 1, 2003.*

10A NCAC 43A .0803 GRANT APPLICATIONS

- (a) All programs receiving TPPI grants shall demonstrate through a competitive application process that their proposed strategies reflect best practice models for teen pregnancy prevention and strong collaboration of local agencies within their communities. Community agencies in counties ranking in the top quartile relative to pregnancy rates among girls aged 15 to 19 shall receive requests for application (RFAs) 30 days prior to the mailing to agencies in other counties. All community agencies that apply for this funding shall receive technical assistance. Individual consultations with those counties receiving the RFA earlier due to their teen pregnancy rankings shall have access to technical assistance from staff of the Division of Public Health for 45 additional days.
- (b) Grants shall be awarded through a request for applications (RFA) process that includes notification of potential applicant agencies of the eligibility criteria and requirements for funding.
- (c) Any local agency or combination of agencies and agencies may apply to the DPH for an allocation of money to operate a project aimed at preventing primary or secondary adolescent pregnancy.
- (d) The application shall contain an analysis of adolescent pregnancy and related problems in the locality the project would serve, and a description of how the funded project would attempt to prevent the problems.
- (e) The application shall state how much money is needed to operate the project and how the money shall be spent.

(f) The Department shall conduct annually a pre-application conference that shall be attended by a representative of any agency that wishes to apply for funding; that session shall define the criteria for accountability and evaluation that the Department requires of grantees. That session shall also provide information about additional funding sources to which agencies might turn.

(g) Application Requirements – The Department shall apply the following standards to agencies applying for first-year funding:

- (1) Each agency shall have a plan of action that extends throughout their funding cycle.
- (2) Each agency shall have realistic, specific, and measurable goals and objectives for the prevention of adolescent pregnancy.
- (3) Each agency, before submitting its application, shall send a representative to the pre-application conference held by the Department.

*History Note: Authority G.S. 130A-124; 130A-131.15A;
Eff. August 1, 1990;
Amended Eff. January 4, 1994; August 1, 1991;
Temporary Amendment Eff. December 1, 2001;
Temporary Amendment Expired September 13, 2002;
Amended Eff. August 1, 2004; April 1, 2003.*

10A NCAC 43A .0804 MAXIMUM FUNDING LEVEL

The maximum level of funding for any one project shall be:

- (1) Fifty thousand dollars (\$50,000), provided that local participants contribute a minimum of ten thousand dollars (\$10,000) in-kind match annually.
- (2) Sixty-five thousand dollars (\$65,000), provided that local participants contribute a minimum of eighteen thousand dollars (\$18,000) in-kind match annually and that active leadership or financial support is annually demonstrated from at least three of the following groups:
 - (a) local public school system;
 - (b) public and private health care providers;
 - (c) local social services department;
 - (d) local mental health authority;
 - (e) local Workforce Board; or
 - (f) corporations and businesses.
- (3) Seventy-five thousand dollars (\$75,000), provided that local participants contribute a minimum of twenty-five thousand dollars (\$25,000) in-kind match annually and:
 - (a) that active leadership or financial support is annually demonstrated from at least four of the following groups:
 - (i) local public school system;
 - (ii) public and private health care providers;
 - (iii) local social services department;
 - (iv) local mental health authority;
 - (v) local Workforce Board; or
 - (vi) corporations and businesses; and
 - (b) that the population to be served participants in the TPPI projects are linked with:
 - (i) academic support programs such as Communities in Schools (CIS) or Save Our Students (SOS);
 - (ii) health related programs such as physical fitness and nutrition related activities;
 - (iii) child care, economic assistance, and other social services programs;
 - (iv) counseling or other therapeutic services;
 - (v) career counseling and job shadowing using such programs as the local JobLink Center; or
 - (vi) mentoring by local businesses or agencies.

*History Note: Authority G.S. 130A-124; 130A-131.15A;
Eff. August 1, 1990;
Amended Eff. January 4, 1994;
Temporary Amendment Eff. December 1, 2001;*

10A NCAC 43A .0805 OPERATING STANDARDS

- (a) Upon approval of an application for grant funds a budget shall be negotiated and a contract shall be signed between the Contractor and the DPH.
- (b) Project funds shall be used solely for the purposes detailed in the approved application and budget.
- (c) Contractors shall not use TPPI funds for purposes that are prohibited by statute, or for the following purposes:
 - (1) purchase of inpatient care;
 - (2) purchase or improvement of land;
 - (3) purchase, construction, or permanent improvement (other than minor remodeling) of any building or other facility;
 - (4) purchase or prescriptions of contraceptives;
 - (5) transportation to or from abortion services; or
 - (6) abortions.
- (d) TPPI projects shall not impose charges on clients for services.
- (e) Staff qualifications, training, and experiences shall be appropriate for implementing project activities.
- (f) Each project shall participate in the annual training conference with state staff and other project staff.
- (g) The start-up period before project activities are implemented shall not exceed six months.
- (h) Each project shall obtain approval from the DPH prior to making changes in program goals, objectives, and population to be served. The Division of Public Health shall only approve changes that are consistent with the rules of this section.
- (i) Each project shall have an advisory group composed of members both within and outside the sponsoring agency of the project. These groups shall meet at least quarterly and advise project staff on project policies and operations.
- (j) Each project shall define and maintain cooperative ties with other community institutions.
- (k) Each project shall demonstrate its ability to attract financial support from sources other than the State, including sources in the local community.

*History Note: Authority G.S. 130A-124; 130A-131.15A; S.L. 1989, c. 752, s. 136;
Eff. August 1, 1990;
Amended Eff. July 1, 1992;
Temporary Amendment Eff. December 1, 2001;
Temporary Amendment Expired September 13, 2002;
Amended Eff. April 1, 2003.*

10A NCAC 43A .0806 EVALUATION AND MONITORING

- (a) The DPH shall make site reviews of Contractors to assess program performance.
- (b) The DPH shall make periodic site visits to contractors to provide technical assistance and consultation.

*History Note: Authority G.S. 130A-124; 130A-131.15A; S.L. 1989, c. 752, s. 136;
Eff. August 1, 1990;
Temporary Amendment Eff. December 1, 2001;
Temporary Amendment Expired September 13, 2002;
Amended Eff. April 1, 2003.*

10A NCAC 43A .0807 RENEWAL OF GRANT FUNDS

- (a) Contracts for TPPI projects are subject to annual renewal for a four year period based upon criteria established by the program and contingent upon the availability of funds for this purpose.
- (b) A contractor that violates any of the provisions of these rules may have TPPI funding reduced or discontinued. The Department shall make the final decision to reduce or discontinue funding based upon the advice of the Commission.

*History Note: Authority G.S. 130A-124; 130A-131.15A; S.L. 1989, c. 752, s. 136;
Eff. August 1, 1990;
Temporary Amendment Eff. December 1, 2001;*

10A NCAC 43A .0808 CRITERIA FOR PROJECT SELECTION

(a) The Department shall present funding recommendations to the Commission from among the applicants that meet the minimum standards in Rule .0803 of this Subchapter. A multi-disciplinary committee of public and private health and human services providers who are familiar with adolescent health issues shall review applications based upon the criteria set out below. Recommendations shall also be based upon the best selection of projects according to the following criteria:

- (1) Degree of need of the locality, including that the service area has a significant adolescent pregnancy problem as evidenced by its adolescent pregnancy rate, adolescent birth rate, attributable risk score, and percentage of repeat adolescent births;
- (2) Evidence of selection of a program model that has documented success in the prevention of teen pregnancy;
- (3) A plan to provide comprehensive sexuality education including complete and medically accurate information about contraceptive methods including abstinence to all participants.
- (4) A plan to refer teens who have needs beyond the scope of the program including substance abuse, domestic violence, family planning, and mental health, to an appropriate provider.
- (5) A statewide program evaluation plan that addresses the administration of pre-tests and post-tests that measure participants' knowledge, attitudes and behaviors as compared to a control group; and submission of data in an internet based database;
- (6) Adequacy of agency and staff to meet project objectives;
- (7) Level of community support. There shall be documentation such as letters or statements of commitment from partnering agencies to show strong support for the application;
- (8) Evidence that the proposed budget does not exceed the costs of the planned program activities; and
- (9) Demonstration by existing or formerly TPPI-grantees that they have provided an effective intervention for reducing adolescent pregnancy rates among their participants.

(b) The Commission shall provide input regarding the proposed funding decisions made by the Department. The Department shall consider the input of the Commission, but is not bound by it. By June 1 of each year the Department shall notify the projects that are to be funded.

*History Note: Authority G.S. 130A-124; 130A-131.15A;
Temporary Adoption Eff. December 1, 2001;
Temporary Adoption Expired September 13, 2002;
Eff. April 1, 2003;
Amended Eff. April 1, 2008; August 1, 2004.*

Appendix D

Application Consultation Schedule

Application Consultation Schedule

Inquiries about this RFA are encouraged, and may be directed to the TPPI staff at SVC_DHHS.tppi-rfa@dhhs.nc.gov or (919)707-5700. Applicants from targeted counties may receive consultation from TPPI staff upon receipt of the RFA. Applicants from all other counties are eligible for consultation following the web-based technical assistance conference on October 15, 2012.

The regional meetings below have been reserved for individual, face-to-face appointments with interested applicants. To schedule an appointment at one of the regional sites, applicants should contact the appropriate TPPI Program Consultant.

Consultation to all applicants by DHHS staff shall cease on November 9, 2012. Applicants may receive assistance from the Adolescent Pregnancy Prevention Campaign of North Carolina, www.appcnc.org, 919-226-1880, until November 16, 2012.

Site and Date	TPPI Program Consultant (call to schedule meeting)
Hickory Catawba County Health Department. 3070 11th Ave Drive SE Tuesday, October 23, 2012	Valerie Meadows Sims valerie.sims@dhhs.nc.gov Office: (919) 707-5686 Mobile: (919) 612-1448
Greensboro Guilford County Department of Public Health 1100 E. Wendover Ave Tuesday, October 23, 2012	Cynthia Seale-Rivera cynthia.rivera@dhhs.nc.gov Office: (919) 707-5718 Mobile: (919) 675-7444
Fayetteville Cumberland County Health Department 1235 Ramsey Street Fayetteville, NC 28301 Wednesday, October 24, 2012	Audrey Loper audrey.loper@dhhs.nc.gov Office: (919) 707-5688 Mobile: (919) 605-1678
Greenville NCDHHS Eastern Regional Office 404 St Andrews Dr Thursday October 25, 2012	Sydney Atkinson Sydney.atkinson@dhhs.nc.gov Office: (919) 707-5693 Mobile: (919) 218-3921

Appendix E

Potentially Important Risk and Protective Factors That May Affect Adolescent Sexual Behavior, Use of Condoms & Contraception, Pregnancy and STD

Potentially Important Risk and Protective Factors That May Affect Adolescent Sexual Behavior, Use of Condoms & Contraception, Pregnancy and STD

* This table was excerpted from *Sexual Risk and Protective Factors: Factors Affecting Teen Sexual Behavior, Pregnancy, Childbearing and Sexual Transmitted Disease* by Douglas Kirby, Ph.D., Gina Lepore, B.A., and Jennifer Ryan, M.A. To view the full report and other resources, visit www.teenpregnancy.ncdhhs.gov/funding.htm

Environmental Factors

Community

Foreign born

- + Higher percent foreign born

Community disorganization

- Greater community social disorganization (e.g., violence, hunger & substance use)

Family

Family Structure

- + Live with two biological parents (vs. one parent or stepparents)
- Family disruption (e.g., divorce or change to single parent household)

Educational Level

- + Higher level of parental education

Substance abuse

- Household substance abuse (alcohol or drugs)

Positive family dynamics and attachment

- + Higher quality family interactions, connectedness & relationship satisfaction
- + Greater parental supervision and monitoring
- Physical abuse and general maltreatment

Family attitudes about and modeling of sexual risk-taking and early childbearing

- Mother's early age at first birth
- Older sibling's early sexual behavior and early age of first birth
- + Parental disapproval of premarital sex or teen sex
- + Parental acceptance and support of contraceptive use if sexually active

Communication about sex and contraception

- + Greater parent/child communication about sex and condoms or contraception especially before youth initiates sex

"+" = a protective factor; "-" = a risk factor; "+/-" = a protective factor for some behaviors and a risk factor for others

Peer

Age

- Older age of peer group and close friends

Peer attitudes and behavior

- Peers' alcohol use, drug use and deviant behavior
- Peers' pro-childbearing attitudes or behavior
- Peers' permissive values about sex
- Sexually active peers
- + Positive peer norms or support for condom or contraceptive use
- + Peer use of condoms

Romantic Partner

Partner characteristics

- Having a romantic or sexual partner who is older
- + Partner support for condom and contraceptive use

Teen Individual Factors

Biological factors

- +/- Being male
- +/- Older age
- + Older age of physical maturity or menarche

Race/Ethnicity

- Being Black (vs. white)
- Being Hispanic (vs. non-Hispanic white)

Attachment to and success in school

- + Greater connectedness to school
- + Higher academic performance
- Being behind in school or having school problems
- + High educational aspirations and plans for the future

Attachment to faith communities

- + Having a religious affiliation
- + More frequent religious attendance

Problem or risk-taking behaviors

- Alcohol use
- Drug use
- Being part of a gang
- Physical fighting and carrying weapons
- Other problem behaviors or delinquency

Other behaviors

- Working for pay more than 20 hours per week
- + Involvement in sports (females only)

"+" = a protective factor; "-" = a risk factor; "+/-" = a protective factor for some behaviors and a risk factor for others

Cognitive and personality traits

- + Higher level of cognitive development
- + Greater internal locus of control

Emotional well-being and distress

- Thoughts of suicide

Sexual beliefs, attitudes and skills

- More permissive attitudes toward premarital sex
- Perceiving more personal and social benefits (than costs) of having sex
- + Greater feelings of guilt about possibly having sex
- + Taking a virginity pledge
- + Greater perceived male responsibility for pregnancy prevention
- + Stronger beliefs that condoms do not reduce sexual pleasure
- + Greater value of partner appreciation of condom use
- + More positive attitudes towards condoms and other forms of contraception
- + More perceived benefits and/or fewer costs and barriers to using condoms
- + Greater self-efficacy to demand condom use
- + Greater self-efficacy to use condoms or other forms of contraception
- + Greater motivation to use condoms or other forms of contraception
- + Greater intention to use condoms
- + Greater perceived negative consequences of pregnancy
- + Greater motivation to avoid pregnancy, HIV and other STD

Relationships with romantic partners and previous sexual behaviors

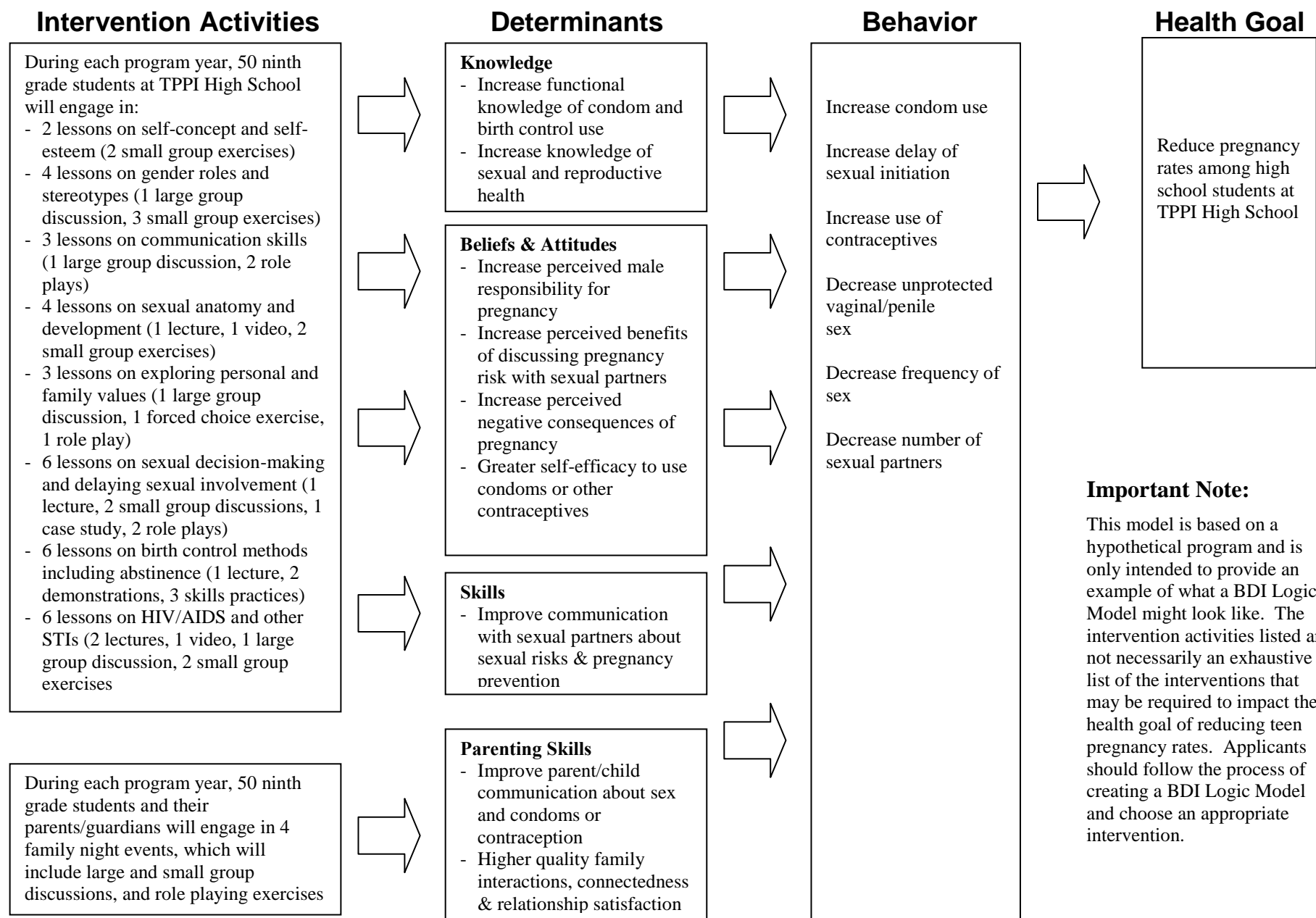
- Dating more frequently
- Going steady, having a close relationship
- Ever kissed or necked
- + Older age of first voluntary sex
- Greater frequency of sex
- Having a new sexual relationship
- Greater number of sexual partners
- + Discussing sexual risks with partner
- + Discussing pregnancy and STD prevention with partner
- + Previous effective use of condoms or contraception
- Previous pregnancy or impregnation
- History of STD
- History of prior sexual coercion or abuse
- Same-sex attraction or behavior
- Being married

“+” = a protective factor; “-” = a risk factor; “+/-” = a protective factor for some behaviors and a risk factor for others

Appendix F

Sample BDI Logic Model

Sample BDI Logic Model



Important Note:

This model is based on a hypothetical program and is only intended to provide an example of what a BDI Logic Model might look like. The intervention activities listed are not necessarily an exhaustive list of the interventions that may be required to impact the health goal of reducing teen pregnancy rates. Applicants should follow the process of creating a BDI Logic Model and choose an appropriate intervention.

Appendix G

Teen Pregnancy Prevention Survey (TPPS)

Date: ____ / ____ / ____

Student ID ____

Program ID ____

Please Circle: Participant Comparison

Please Circle: Pre-Test Post-Test

Teen Pregnancy Prevention Pre-Test Survey

Do not write your name on this survey. The questions that follow will ask about your sexual knowledge, attitudes and behavior. Please answer all questions honestly. The information you give will not be shared with anyone else.

1. Gender: ☐ Male ☐ Female

4. Race/Ethnicity (please check all that apply):

2. Age ____

☐ African American/Black☐ American Indian☐ Asian☐ White/Caucasian

3. Grade in school: ____ grade

☐ Latino/Hispanic☐ Other _____

Please mark whether you think these statements are True or False.	True	False
5. A girl who is having sex can get pregnant if she forgets to take her birth control pills for a few days in a row.		
6. Birth control pills can help prevent sexually transmitted infections (STIs), including HIV/AIDS.		
7. The most effective way to prevent getting STIs is to not have sex.		
8. To be extra safe, it is good to use two condoms at once.		
9. A girl can get pregnant the first few times she has sex.		
10. The only 100% sure way to prevent pregnancy is to not have sex.		
11. STIs usually go away without treatment.		
12. Having sex with more people increases your chance of getting an STI - including HIV/AIDS.		
13. In North Carolina, anyone under 18 can get condoms or other birth control methods without parental permission.		

Please mark how strongly you agree or disagree with these statements.	Strongly Agree	Agree	Disagree	Strongly Disagree
14. Condoms break easily.				
15. If my partner did not want to use a condom, I would be able to refuse sex.				
16. I am confident I could use a condom correctly.				
17. It is too embarrassing to buy condoms in a store.				
18. I know where to get birth control (i.e., condoms, "the pill")				
19. If used correctly, birth control pills are good at preventing pregnancy.				
20. If used correctly every time, condoms are good at preventing pregnancy.				
21. If used correctly every time, condoms are good at preventing many STIs, including HIV/AIDS.				
22. I think it is important to talk about preventing pregnancy and STIs with a partner before having sex.				
23. A person should not pressure someone into doing something sexual that they do not want to do.				
24. Both males and females are responsible for preventing pregnancy.				
25. I know how far I am willing to go sexually.				

26. I feel comfortable talking to my parents or guardians about sex.				
27. The first or next time I have sex, I plan to use a birth control method and will not have sex without using one.				

28. Which topics have you talked about with your parent(s) or guardian(s) in the past 3 months? *Circle all that apply.*

- a) Birth control
- b) What is right and wrong in sexual behavior
- c) My questions about sex
- d) Reasons why I should not have sex at my age
- e) How my life would change if I became a mother or father while I'm a teenager
- f) Sexually transmitted infections (STIs)
- g) I have not talked with my parents about sex in the past 3 months.

29. Following is a list of birth control methods people use to avoid becoming pregnant. Which of these methods do you intend to use in the next year? *Circle all that apply.*

- a) None – If I do have sex, I do not intend to use any birth control methods
- b) Abstinence – I do not intend to have sex in the next year
- c) Condoms
- d) Birth control pills
- e) “The shot” (Depo), “the ring” or “the patch”
- f) Other (Please name) _____

30. Have you ever had sexual intercourse? *By sexual intercourse, we mean the act that causes pregnancy.*

- a) Yes → Please answer questions 31-36
- b) No → Please answer questions 37-43



Only answer questions 31 – 36 if you have had sexual intercourse!

31. How old were you when you had sexual intercourse the first time? _____

32. During the past 3 months, how many times did you have sexual intercourse? _____

33. Have you ever been pregnant or gotten a girl pregnant? Yes No I Don't Know

34. How often do you or your partner use a birth control method when you have sexual intercourse?

- a) None of the time c) Most of the time
- b) Some of the time d) All of the time

35. The last time you had sex, what method(s) did you or your partner use to prevent pregnancy? *Please circle all that apply.*

- a) None
- b) Condoms
- c) Birth control pills
- d) “The shot” (Depo), “the ring” or “the patch”
- e) Other (Please name) _____

36. How comfortable are you talking with a sexual partner about birth control?

- a) Very comfortable
- b) Somewhat comfortable
- c) Somewhat uncomfortable
- d) Very uncomfortable



Only answer questions 37-43 if you have NOT had sexual intercourse!

Listed below are some of the reasons you might have for NOT having sexual intercourse. Please mark how much you agree or disagree with these statements.

<i>I have not had sex because . . .</i>	Strongly Agree	Agree	Disagree	Strongly Disagree
37. I do not want to get an STI.				
38. My parents do not approve.				
39. I do not feel old enough to handle it.				
40. I might get pregnant or get my partner pregnant.				
41. I am not in love with anyone yet.				
42. I do not need it to make me happy.				
43. If I get pregnant or get my partner pregnant, it would mess up my future plans.				

Appendix H

Forms for Reference

Applicants are **not to complete** these documents at this time **nor return them** with the RFA response. They are for reference only.

FEDERAL CERTIFICATIONS

The undersigned states that:

1. He or she is the duly authorized representative of the Contractor named below;
2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
 - a. The Certification Regarding Nondiscrimination;
 - b. The Certification Regarding Drug-Free Workplace Requirements;
 - c. The Certification Regarding Environmental Tobacco Smoke;
 - d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
 - e. The Certification Regarding Lobbying;
3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
4. [Check the applicable statement]

☐ He or she **has completed** the referenced **Disclosure of Lobbying Activities** because the Contractor **has made**, or **has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action

OR

☐ He or she **has not completed** the referenced **Disclosure of Lobbying Activities** because the Contractor **has not made**, and **has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.

5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

Reference only — Not for signature

Signature

Title

Contracting Agency's Legal Name

Date

[This Certification must be signed by the same individual who signed the Contract.]

I. Certification Regarding Nondiscrimination

The Contractor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g)

Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

II. Certification Regarding Drug-Free Workplace Requirements

1. The Contractor certifies that it will provide a drug-free workplace by:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- B. Establishing a drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The Contractor's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- C. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph A;
- D. Notifying the employee in the statement required by paragraph A that, as a condition of employment under the agreement, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- E. Notifying the Department within ten days after receiving notice under subparagraph D(2) from an employee or otherwise receiving actual notice of such conviction;
- F. Taking one of the following actions, within 30 days of receiving notice under subparagraph D(2), with respect to any employee who is so convicted:
 - (1) taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
- G. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs A, B, C, D, E and F.

2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

Street Address No. 1:

City, State, Zip Code:

Street Address No. 2:

City, State, Zip Code:

3. Contractor will inform the Department of any additional sites for performance of work under this agreement.
4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

III. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor certifies that it will comply with the requirements of the Act. The Contractor further agrees that it will require the language of this certification be included in any subawards that contain provisions for children's services and that all subgrantees shall certify accordingly.

IV. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Instructions

[The phrase "prospective lower tier participant" means the Contractor.]

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originates may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

Certification

- a. **The prospective lower tier participant certifies**, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

V. Certification Regarding Lobbying

The Contractor certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, “Disclosure of Lobbying Activities,” in accordance with its instructions. Standard Form SF-LLL and its instructions are located at the following URL:
<http://www.whitehouse.gov/omb/assets/omb/grants/sflllin.pdf>

3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.

LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS

Letter from Board President/Chairperson Identifying Individuals as Authorized to Sign Contracts

I, _____, Board President/Chairperson of
_____ [Agency/Organization's legal name] hereby identify
the following individual(s) who is (are) authorized to sign **Contracts** for the organization named above:

Printed Name	Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Reference only — Not for signature

Signature	* Title	Date
	<i>* Indicate if you are the Board President or Chairperson</i>	

The fiscal year of the above named agency runs from months _____ to _____.

LETTER TO IDENTIFY INDIVIDUALS TO SIGN EXPENDITURE REPORTS

Letter from Board President/Chairperson Identifying Individuals as Authorized to Sign Contract Expenditure Reports

I, _____, Board President/Chairperson of
_____ [Organization's legal name] hereby identify the
following individual(s) who is (are) authorized to sign **Contract Expenditure Reports** for the
organization/agency named above:

Printed Name	Title	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Reference only — Not for signature

Signature	* Title	Date
* <i>Indicate if you are the Board President or Chairperson</i>		

NOTARIZED STATEMENT AND CONFLICT OF INTEREST POLICY

Notarization of Conflict of Interest Policy

State of North Carolina, County of _____

I, _____, Notary Public for said County and State, certify that

[Name of Board Chair or Authorized Official] personally
appeared before me this day and acknowledged that he/she is

[Title] of

[Organization's full legal name] and by
that authority duly given and as the act of the Organization, affirmed that the foregoing Conflict of Interest
Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the ____
day of _____, _____.

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Signature and Seal

Notary's commission expires _____, 20 ____.

Instruction for Organization:

Sign below and attach the organization's Conflict of Interest Policy which is referenced above.

Reference only — Not for signature

Signature of above named Organization Official

Conflict of Interest Policy

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors/Trustees or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. **Duty to Disclosure** — Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. **Board Action** — When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

F. Violations of the Conflicts of Interest Policy — If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

G. Record of Conflict — The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

Reference only — Not for signature

Legal Name of Organization

Signature of Organization Official

Title of Organization Official

Date

NO OVERDUE TAX DEBTS CERTIFICATION

State Grant Certification – No Overdue Tax Debts¹

To: State Agency Head and Chief Fiscal Officer

Certification:

We certify that the _____ [Organization's full legal name] does not have any overdue tax debts, as defined by **N.C.G.S. 105-243.1**, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of **N.C.G.S. 143C-6-23(c)** is guilty of a criminal offense punishable as provided by **N.C.G.S. 143-34(b)**.

Sworn Statement:

_____ [Name of Board Chair] and
_____ [Name of Second Authorizing Official] being duly sworn, say
that we are the Board Chair and _____ [Title of Second Authorizing
Official], respectively, of _____
[Agency/Organization's full legal name] of _____ [City] in the State of
_____ [State]; and that the foregoing certification is true, accurate and complete to the best
of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of
State funds will be reported to the appropriate authorities for further action.

Reference only — Not for
signature

Board Chair

Reference only — Not for
signature

Title

Date

Signature

Title of Second Authorizing Official

Date

Sworn to and subscribed before me this _____ day of _____, 20__.

Reference only — Not for signature

Notary Signature and Seal

Notary's commission expires _____, 20__.

¹ G.S. 105-243.1 defines: "Overdue tax debt – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement."